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BURDEN OF LUMBER BACKACHE IN THE PERIPHERY OF PESHAWAR

Waseem Ahmad[1], Nadia Sultana[2]*, Asim Naeem[3], Rahila Qayyum[4], Sara Bushra Qayyum[5]

[1]Training Medical Officer, Department of Orthopedics Surgery, Hayatabad Medical Complex, Peshawar, Pakistan
[2]*Training Medical Officer, Department of Medicine, Khyber Teaching Hospital, Peshawar, Pakistan
[3]District Specialist, Department of Orthopedics Surgery, DHQ Hospital, Mardan, Pakistan
[4]Associate Professor, PhD Scholar, Qurtaba University, D.I Khan, Pakistan
[5]Medical Officer, Gynae & Obs, BHU, Mardan, Pakistan

***Corresponding Author:** Nadia Sultana
*Email: drnadia.sultana@gmail.com

Abstract
Aim and objective: To assess the burden of lumbar backache in the periphery of Peshawar City.
Materials and method: The current descriptive cross-sectional was conducted from July 2020 to July 2021 after the approval of the ethical review board in the periphery of the district of Peshawar. A total of 846 participants were selected through a systematic random sampling technique by using the Rao soft calculator. The age of the participants was 25-75 years including both males and females. Informed consent was taken from each participant and a questionnaire was filled from each individual. All the data were collected and analyzed by using the latest version of SPSS 24.
Results: A total of 846 participants of selected for the study aged 25-75 years. 26.12 % of the participants were from 46-55 years of age, however, 20.80 % were from 36-45 years of age. 513 (60.63 %) of them were male and 333 (39.36 %) of them were female participants. 22.93 % of them were house workers, 14.89 % of them were office boys, 22.34 % were students, and 10.16 % of them were health care professionals. 56.50 % had lumbar backache and 41.13 % had not experienced it. Table 4 indicates the numeric pain rating scale in which 35.98 % had mild, 44.56 %had moderate pain in addition, and 19.45 % had severe lumbar backache.
Conclusion: The current study concluded that the overall burden of lumbar backache was 56.50 % among the participants, therefore, proper awareness among the people of peripheries in district Peshawar for the prevention of LBA and management are needed to prevent their disabilities in their future lives and maintain healthy lifestyles.

Keywords: Lumbar backache, Numeric pain rating scale, back pain

Introduction:

The most frequent musculoskeletal condition worldwide is also referred to as lower back ache [1]. It serves as the primary factor in activity restriction and absence from employment [2] and causes enormous financial and medical expenses [3]. It is a significant global problem in public health as a result [4]. The Worldwide prevalence of diseases study conducted in 2016 found that LBP was the most prevalent cause of year living with disabilities (YLD), accounting for 57.6 million (40.8-

75.9 million) among all YLDs. Since 1990, LBP has increased by over fifty percent in nations with low or middle incomes (5). The quality of life for adults is significantly impacted by (LBP), a highly frequent health condition [6,7]. In underdeveloped countries, backache constitutes one of the leading causes of disabilities, accounting for between 50 % and 85 % of all musculoskeletal disorders [6]. It is estimated that between 50- 80 % of the population worldwide may experience low back pain at some point in their lives [8], and this condition is the 2nd most prevalent reason for individuals visiting a doctor [9]. In accordance with the location (LBP) as well as the length of pain, pain in the lower back may be divided into different categories. Pain that continues to be persistent for fewer than thirty days is considered acute. Sub-acute ache is discomfort that has persisted for one to six months; Moreover, after six months, pain is considered to be persistent [10]. Discogenic LBP, as the name implies, is LBP caused by the disc, and it is not radicular. Despite any spinal deformity, instabilities, or neuronal strain, discogenic pain arises. The etiology of discogenic pain is unknown, however, due to the disc, it emerges [11]. Muscle pain, often known to be acute LBP, tightness or spasms that are unrefined in relation to the inferior costal margin or lower gluteal folding, and they can occasionally spread to the lower limbs. Pain is known as intense discomfort if it persists for roughly six weeks, soreness subsides acute once it has been going for 12 weeks. nevertheless, does not last longer than 12 weeks or turn persistent after that [12]. The majority of people will have some sort of low back discomfort at some point in their lives. The annual economic loss due to work-related ergonomic hazards is estimated to be 37% among all LBP cases worldwide., Moreover, 819 thousand years lost due to handicap [13]. Lower pain in the back for a variety of reasons. Occupation, bad form, strenuous labor, stress in the workplace, mental strain, and repetitive motions like stretching and twisting are all contributors [14]. Therefore, due to limited research studies in the area to determine the prevalence of lumbar backache in the general population, the present aim is to assess the burden of backache among the population living in the peripheries of District Peshawar.

Aim and objective:

To assess the burden of lumbar backache in the periphery of district Peshawar.

Materials and method:

The current descriptive cross-sectional was conducted from July 2020 to July 2021 after the approval of the ethical review board in the periphery of Peshawar City. A total of 846 participants were selected through a systematic random sampling technique by using the Rao soft calculator. The age of the participants was 25-75 years including both males and females. The individuals who were willing to participate and aged according to the criteria were included in the study, while those having autoimmune diseases and chronic spinal diseases were excluded from the study. Informed consent was taken from each participant and a questionnaire was filled from each individual. All the data were collected and analyzed by using the latest version of SPSS 24.

Results:

A total of 846 participants of selected for the study aged 25-75 years. 26.12 % of the participants were from 46-55 years of age, however, 20.80 % were from 36-45 years of age. 513 (60.63 %) of them were male and 333 (39.36 %) of them were female participants. 233 of them had primary metrics, and 128 of them had postgraduate degrees. Table 2 summarizes the occupation of the participants, 22.93 % of them were house workers, 14.89 % of them were office boys, 22.34 % were students, and 10.16 % of them were health care professionals.

Table 1 Sociodemographic Characteristics

Age (years)	Number	Percentage
25-35	143	16.90 %
36-45	176	20.80 %
46-55	221	26.12 %
56-65	144	17.02 %
66-75	162	19.14 %
Gender		
Male	513	60.63 %
Female	333	39.36 %
Educational status		
Illiterate	Primary Matric	Intermediate	Graduate	Postgraduate
84	233	213	188	128

Table 2 Occupation of the participants

Occupation	Number	Percentage
House worker	194	22.93 %
Self-employees	110	13.00 %
School teachers	98	11.58 %
Office boys	126	14.89 %
Students	189	22.34 %
Management officials	43	5 %
Health professionals	86	10.16 %

Table 3 shows the burden of lumber backache, 56.50 % had lumbar backache and 41.13 % had not experienced it. Table 4 indicates the numeric pain rating scale in which 35.98 % had mild, 44.56 %had moderate pain in addition, and 19.45 % had severe lumbar backache.

Table 3 Burden of Lumber Backache

Lumber Backache	Number	Percentage
Yes	478	56.50 %
No	368	41.13 %

Table 4 Numeric Pain Rating Scale (NPRS)

	Number	Percentage
Mild	172	35.98 %
Moderate	213	44.56 %
Severe (Worst)	93	19.45 %

Discussion:

Lumbar backache is the most common health problem experienced by the people of developing countries. Occasionally it comes on quickly, such after an injury, falling, or a big lift, and other times it comes on gradually, like after years of related to age degeneration of the vertebral column. Back discomfort can be caused by osteoarthritis or another medical disease. Proper awareness among the public regarding the prevention and management needed in order to prevent long-term disabilities and affecting their daily life. In the present study, there were 513 (60.63 %) of them were male and 333 (39.36 %) of them were female participants. 22.93 % of them were house workers, 14.89 % of them were office boys, 22.34 % were students, and 10.16 % of them were health care professionals. Another study conducted by Tanzil S et al reported that In a study of healthcare workers who reported low back discomfort, 72.6% reported no or mild disabilities. Whereas moderately to profound functional impairment has been shown to impact the interpersonal as well as employment-related functioning of

27.4% of medical professionals experiencing pain in their backs. The odds ratio (OR) between low back pain and functional impairment was found to be 1.82 [15]. In the current study, 56.50 % had lumbar backache and 41.13 % had not experienced it. Numeric pain rating scale 35.98 % had mild, 44.56 %had moderate pain in addition, and 19.45 % had severe lumbar backache. A comparable study by Bansal D et al reported that LBP was reported to have a 59% lifelong frequency, 32% baseline distribution, 12% continuous prevalence, and 48% one-year occurrence in the research cohort [16]. In a study conducted by Shah SZ et al there was a 72.9% occurrence of LBP caused by employment. Thirty percent of the individuals reported symptoms that were mild, while the same number reported medium LBP and 7.9% reported severe LBP. Of the participants, 27.1% were diagnosed with chronic LBP, 13.6% with acute LBP, and 31.4% with subacute LBP. Factors found to increase the likelihood of injury included working with a high caseload, using a variety of manual treatment techniques, remaining in one position for extended periods of time, transporting or moving patients who had become dependent, and completing tasks repeatedly [17].

Conclusion:

The current study concluded that the overall burden of lumbar backache was 56.50 % among the participants, therefore, proper awareness among the people of peripheries in the district Peshawar for the prevention of LBA and management are needed to prevent their disabilities in their future lives and maintain healthy lifestyles.

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